

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Executive Office of the Mayor

Office of Partnerships and Grants Development



Application to Approve Donations to the D.C. Government Under \$1,000

Phone: 202/727-7101 ♦ Fax: 202/727-6505

DONOR CONTACT INFORMATION

Name (Print): _____ Date: _____

Organization: _____

Address: _____

City/State _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

DONATION(s) DESCRIPTION

A: Type of Donation(s):

___ Check

___ Other: (payment directly to vendor or in-kind services)

B: Actual or Estimated Value

\$

C: Brief Description of Donation(s) including intended use. (Please attach relevant documentation)

DONOR AGREEMENT (Please read and sign below)

I hereby agree to make a bona fide donation to the Government of the District of Columbia for the purpose of benefiting children and families served by the Child & Family Services Agency (CFSA). The donor is giving the donation freely without any expectation of special treatment from the District of Columbia government or any part hereof.

I __do__ do not have any contract, request or other matter pending before this agency. [If necessary, please explain on back of form.]

Signature: _____ Date: _____

RECEIVED BY: (To be completed by an authorized District Government Official)

OPGD Name (Print)

Signature

Date

CFSA Name (Print)

Signature

Date